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| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30 | | | | 1. REQUISITION NO. | | PAGE 1 OF 46 | |
| 2. CONTRACT NO. | | 3. AWARD/EFFECTIVE DATE | | 4. ORDER NO. | | 5. SOLICITATION NO. NNJ06147928R | |
| 6. SOLICITATION ISSUE DATE 4/13/06 | | 7. FOR SOLICITATION INFORMATION CALL | | 7a. NAME Eric Schell | | 7b. TELEPHONE NO. (281) 244-2259 | |
| 8. OFFER DUE DATE/LOCAL TIME 4/20/06 4:30 CST | | 9. ISSUED BY NASA Lyndon B. Johnson Space Center Institutional Procurement Office Attn: Eric Schell/BJ4 2101 NASA Parkway Houston, TX 77058-3696 | | 10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE <u>100</u> % FOR <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUS. <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A) <input type="checkbox"/> EMERGING SMALL BUSINESS NAICS: <u>541612</u> SIZE STANDARD: <u>\$6.5M</u> | | | |
| 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE | | 12. DISCOUNT TERMS | | 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input checked="" type="checkbox"/> | | 13b. RATING DO-C9 | |
| 14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP | | 15. DELIVER TO See Block 9 | | 16. ADMINISTERED BY See Block 9 | | | |
| 17a. CONTRACTOR/OFFEROR CODE _____ FACILITY CODE _____ | | 18a. PAYMENT WILL BE MADE BY NASA Lyndon B. Johnson Space Center Financial Services Branch, Accounts Payable Group 2101 NASA Parkway Houston, TX 77058-3696 | | CODE LF231 | | | |
| <input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER | | 18b. SUBMIT INVOICES TO ADDRESS SHOW IN BLOCK 18a UNLESS BLOCK ON RIGHT IS CHECKED | | <input checked="" type="checkbox"/> SEE ADDENDUM | | | |
| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | | | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
| 1 | High-level benchmarking study for the Mission Management Team (MMT) member's training program requirements | | | 1 | LOT | | |
| 25. ACCOUNTING AND APPROPRIATION DATA | | | | | | 26. TOTAL AWARD AMOUNT (Govt. Use Only) | |
| <input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA | | | | <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED | | | |
| <input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA | | | | <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED | | | |
| <input type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>3</u> COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN. | | | | <input type="checkbox"/> 29. AWARD OF CONTRACT: REFERENCE _____ OFFER DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: | | | |
| 30a. SIGNATURE OF OFFEROR/CONTRACTOR | | | | 31a. UNITED STATES OF AMERICA (Signature of Contracting Officer) | | | |
| 30b. NAME AND TITLE OF SIGNER (Type or Print) | | 30c. DATE SIGNED | | 31b. NAME OF CONTRACTING OFFICER (Type) | | 31c. DATE SIGNED | |

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
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32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED
 ☐ INSPECTED
 ☐ ACCEPTED AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED _____

| | | | | |
|---|-----------------|---------------------------------|---|-----------------------|
| 32b. SIGNATURE OF AUTHORIZED GOVT REPRESENTATIVE | | 32c. DATE | 32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | |
| 32e. MAILING ADDRESS OF AUTHORIZED GOVT. REPRESENTATIVE | | | 32f. TELEPHONE NO. OF AUTHORIZED GOV'T REPRESENTATIVE | |
| | | | 32g. EMAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE | |
| 33. SHIP NO. | 34. VOUCHER NO. | 35. AMOUNT VERIFIED CORRECT FOR | 36. PAYMENT | 37. CHECK NO. |
| <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | | <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | |
| 38. S/R/ACCOUNT NO. | 39. VOUCHER NO. | 40. PAID BY | | |
| 41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT | | | 42a. RECEIVED BY (Print) | |
| 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | | 41c. DATE | 42b. RECEIVED AT (Location) | |
| | | | 42c. DATE REC'D | 42d. TOTAL CONTAINERS |

BACK

Standard Form 1449 (REV. 3/2005)

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| | 2. CONTRACT NO. | 4. ORDER NO. |
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